

**CLIENT ON-SITE CONFIRMATION FORM**

Name of Proposing Vendor		
Vendor Client Name		
Vendor Client CMS Name		
Type of Court System	<input type="checkbox"/> Unified <input type="checkbox"/> Non-Unified	
Type of CMS		
Number of Different Case Types Used by Client		
Number of Cases Processed Annually		
Client Contact Person		
Client Contact Telephone   Fax Numbers		
Client Contact E-Mail Address		
Type of Business		
Original Amount of Contract		
Current Amount of Contract		
Month/Year of CMS Configuration/Validation		
Number of Client Courts Implemented		
Month/Year of First Client CMS Local Implementation		
Month/Year of Last Client CMS Local Implementation		
Application Software Supplied/Services Provided	Project Date and Duration	

By signing this form, Vendor acknowledges it has informed client of potential on-site visit resulting from submittal of Vendor's proposal related to ACQ-2012-0401-RFP. Vendor also grants permission to AOC to conduct any such on-site visit and evaluation with said client as part of the acquisition process to determine Contract award. On behalf of AOC, Vendor shall coordinate any such on-site visit with client identified on this form as associated with ACQ-2012-0401-RFP.

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 Signature

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 Date

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 Printed Name

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 Title